

**ARMY MEDICAL EXPENSE AND PERFORMANCE REPORTING SYSTEM  
(MEPRS)**

The MEPRS Project Office, U.S. Army Medical Information Systems and Services Agency, San Antonio, Texas publishes and distributes the U.S. Army MEPRS News Bulletin quarterly by fiscal year to MEPRS administrators worldwide. We have designed the Army MEPRS News Bulletin to enhance communication within the U.S. Army medical treatment facilities.

/signed/  
ROMONA K. BACON  
U.S. Army MEPRS Project  
Officer

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ATTN: Resource Management

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Director, Directorate of Patient Administration Systems and  
Biostatistics Activities

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## **SECTION I: TRI-SERVICE HAPPENINGS**

1. **EAS IV.** The first EAS IV System Qualification Testing was conducted 4-15 May and no one left unscathed. By using actual data from each service Beta site (Fort Hood for the Army), we subjected the system to a much more realistic, demanding test. EAS IV is designed to track expenses and obligations at the service-unique expense element (EOR), Program Element, and Basic Symbol Limit. The service-unique coding structure is carried through to allocation and service unit costing resulting in an exponential increase in the number of transactions produced by the system, which has an impact on processing time. Currently, the allocation process can take as long as eight hours. However, EDS Herndon continues to review all aspects of processing, and are optimistic we can reduce the time. The second SQT is scheduled 14-25 September. The revised deployment schedule is at Enclosure 1.

a. EAS IV utilizes Windows NT 4.0 as an operating system. Any Windows NT 4.0 training you are able to receive prior to the deployment at your facility will greatly enhance the benefits realized upon implementation. There are many suitable companies, which provide training in the range of Windows NT 4.0 subjects. The IMO/AMO should have a list of companies in your area that can provide this training. Windows NT 4.0 workstation training would benefit those individuals who have had no exposure or experience in a Windows or Windows NT environment. Since a majority of the items are System Administration, an option to consider, is to have the IMO/AMO take on the system administration responsibilities for EAS IV.

b. These subjects are considered Technical in nature and currently include:

Setting up and Maintaining User Accounts  
Configuring a New User  
Granting a User Access to a Database  
Assigning a Default Database for a User  
Modifying a User Profile  
Removing a User's Access to a Database

Maintaining User Groups  
What is a User Group  
Adding a User Group  
What are Rights  
Viewing Rights to a User Group  
Verifying Available Rights by Category  
Adding Rights to a User Group  
Adding a User to a User Group  
Removing a User from a User Group

- Viewing a User Group
- Viewing all Users Assigned to a User Group
- Viewing Granted Rights for a User Group
- Viewing all Groups Assigned to a User
- Renaming a User Group
- Copying a User Group
- Deleting a User Group

- Maintaining the System
- Viewing the Audit Log
- Filtering the Audit Log
- Viewing Audit Log Details
- Viewing the Environment Settings
- Viewing the Environment Setting Details
- Modifying Environment Setting Details
- Initialize New Year
- Broadcasting a Message to Users
- What is a Broadcast Message?
- How do I send a message to users?

c. On the deployment schedule you will notice columns titled "SVR" and "WS". These indicate the size of server and number of workstations currently scheduled to be deployed to each facility. This office is unable to fund the purchase of additional workstations beyond which is already identified. Additional workstations beyond that being fielded will be the responsibility of the facility to obtain. Workstation specifications can be obtained from this office.

## 2. NEW MEPRS CODES FOR FY99.

ADD CODE	DESCRIPTION	PERFORMANCE FACTOR
FAM	GME Intern/Resident Expenses	NA
FAN	GDE Intern/Resident Expenses	NA
FAO	GME Fellowship/Resident Expense-Full Time Research	NA
FAP	GME Fellowship Expenses	NA
FAQ	GDE Fellowship Expenses	NA
EBI	GDE Support Expenses	FTEs
ABQ	Vascular and Interventional Radiology	OBDS
BBM	Vascular and Interventional Radiology Clinic	Visits
DKA	Dental Prosthetics Lab	weighted procedure
DELETE CODES		
CBA	Dental Prosthetics Lab	weighted procedure
CBX	Cost Pool	weighted procedure
CBZ	Dental Prosth Lab Not Elsewhere Classified	weighted procedure

**MODIFY**  
**DESCRIPTIONS**

BHH	TRICARE Clinics	visits
FAK	Trainee Expenses Other than GME/GDE	NA
EBE	GME Support Expenses	FTEs

3. **FUNCTIONAL COST (MEPRS) CODES DESCRIPTIONS.** New descriptions and description changes are included in the following paragraphs. Changes in the descriptions are in *italics*.

**ABQ: VASCULAR AND INTERVENTIONAL RADIOLOGY**

FUNCTION: The Vascular and Interventional Radiology provides specialized care and evaluation for eligible inpatients including vascular disease urologic disease, fluid collections of diverse origin, infertility and malignancy; placement of extended-use venous access devices for multiple indications, specialized diagnostic procedures; and performs those functions outlined under Surgical Care (A.2. above) as appropriate

COST: The Vascular and Interventional Radiology work center account shall be charged with all operating expense incurred in operating and maintaining the function.

PERFORMANCE FACTOR: Occupied-bed day.

ASSIGNMENT PROCEDURE: This is a final operating expense account and shall not be reassigned during the step-down process described in Chapter 3.

**BBH: TRICARE CLINICS** (Title Change Only)

**BBM: VASCULAR AND INTERVENTIONAL RADIOLOGY CLINIC**

FUNCTION: The Vascular and Interventional Radiology Clinic examiners, diagnoses and provides percutaneous treatment for diverse disorders including vascular disease, urologic disease, fluid collections of diverse origin, infertility and malignancy; placement of extended-use venous access devices for multiple indications, specialized diagnostic procedures; and performs those functions outlined under Surgical Care (B.2. above) as appropriate.

COST: The Vascular and Interventional Radiology Clinic work center account shall be charged with all operating expense incurred in operating and maintaining the clinic.

PERFORMANCE FACTOR: Visit

ASSIGNMENT PROCEDURE: This is a final operating expense account and shall not be reassigned during the step-down process described in Chapter 3.

**DKA: DENTAL PROSTHETICS LABORATORY**

FUNCTION: Dental Prosthetics Laboratory is required for the support of a comprehensive dental practice at a specific facility and is essential for the daily practice of dentistry. Equipment and dental technician availability vary, but are in place to prepare casts and models; repair dentures; fabricate transitional, temporary, or orthodontic appliances; finish dentures; stain and glaze porcelain restoration; and polish metal and metal ceramic restoration.

COSTS: The Dental Prosthetics laboratory work center account shall be charged with all operating expenses incurred in operating and maintaining the function.

PERFORMANCE FACTOR: Weighted procedure, CLV  
(see Appendix C)

ASSIGNMENT PROCEDURE: Aggregate expenses shall be assigned based on the ratio of weighted procedures provided each receiving account to the total weighted procedures provided by this work center. Ensure that weighted procedures performed in support of Special Programs (F) accounts are appropriately assigned.

**EBE: GRADUATE MEDICAL EDUCATION (GME) SUPPORT EXPENSES-  
PHYSICIANS ONLY**

FUNCTION: This Graduate Medical Education (GME) Support account is provided to accumulate expenses incurred to conduct and support the in-house, organized clinical GME physician programs currently authorized at the MTF. A GME program provides long term physician training in a specialty. It comprises a series of graduated learning experiences designed to conform to the requirements of a particular specialty. This program is primarily sponsored by MTFs designated as GME training sites for Active Duty trainees. This account specifically excludes salaries of trainees receiving GME physician training (*see MEPRS FAM and FAO* accounts). This function is normally supported by military and civilian personnel staff authorizations including program director, faculty staff, preceptors, secretary and other administrative support organized into an office of the chief or director of training and education.

COSTS: The GME Physician Support workcenter account shall be charged with all the operating expenses incurred in operating and maintaining the organized training and educational functions defined by the controlling Military Department to be conducted at the MTF. These functions could include but are not limited to: attending rounds, precepting residents in clinic (when the patients being attended are not patients of the preceptor), educational committee meetings, preparation and presentation of educational lectures and counseling of residents. These expenses also include the military and civilian personnel costs of staff authorizations for conducting and directing clinical graduate medical education programs for physicians. However, training time and expenses associated with readiness or emergency operations should be charged to the appropriate account. *In-service training conducted by workcenter personnel (within their primary workcenter) to maintain or expand individual professional standards is to be charged to the individual's primary workcenter.* Costs not associated with the GME physician functional activities are to be reported under the corresponding MTF workcenter.

PERFORMANCE FACTOR: *GME Trainee Available FTEs.*

ASSIGNMENT PROCEDURE: Aggregate expenses shall be assigned based on a ratio of each GME benefiting workcenter account's available trainee FTEs to the total available GME FTEs. GME benefiting workcenters are defined as clinical accounts supported by GME trainees, specifically, inpatient, outpatient, dental and ancillary accounts.

**EBI: GRADUATE DENTAL (GDE) SUPPORT EXPENSES – DENTISTS ONLY**

FUNCTION: This Graduate Dental Education (GDE) Support account is provided to accumulate expenses incurred to conduct and support the in-house, organized clinical GDE dental programs currently authorized at the MTF/DTF. A GDE program provides long-term dental specialty training. It comprises a series of graduated learning experiences designed to conform to the requirements of a particular specialty. This program is primarily sponsored by MTFs/DTFs designated as GDE training sites for Active Duty trainees. This account specifically excludes salaries of trainees receiving the GDE training (see *MEPRS* FAN and FAQ accounts). This function is normally supported by military and civilian personnel staff authorizations organized into an office of the chief or director of training and education.

COSTS: The GDE Support work center account shall be charged with all the operating expenses incurred in operating and maintaining the organized training and educational functions defined by the



controlling Military Department to be conducted at the MTF/DTF. These functions could include but are not limited to: attending rounds, precepting residents in clinic (when the patients being attended are not patients of the preceptor), educational committee meetings, preparation and presentation of educational lectures and counseling of residents. These expenses also include the military and civilian personnel costs of staff authorizations for conducting and directing clinical graduate medical education programs for dentists. However, training time and expenses associated with readiness or emergency operations should be charged to the appropriate account. *In-service training conducted by workcenter personnel (within their primary workcenter) to maintain or expand individual professional standards is to be charged to the individual's primary work center.* Costs not associated with the GDE functional activities are to be reported under the corresponding DTF workcenter.

PERFORMANCE FACTOR: *GDE Trainee Available FTEs.*

ASSIGNMENT PROCEDURE: Aggregate expenses shall be assigned based on a ratio of each *GDE* benefiting workcenter account's available trainee FTEs to the total available GDE FTEs. GDE benefiting workcenters are defined as clinical accounts supported by GDE trainees, specifically, dental and ancillary accounts.

#### **EBF: EDUCATION AND TRAINING PROGRAM SUPPORT**

FUNCTION: This Education and Training Program Support account is provided to accumulate expenses incurred to conduct and support authorized in-house, organized training and education (other than GME/GDE) programs assigned to the *MTF/DTF*. This account specifically excludes salaries of trainees receiving the training (see Trainee Expenses, FAK account). Programs included are continuing training and education for physicians, dentists, veterinarians, nurses, medical specialists, allied health scientists, administrators, other enlisted direct care paraprofessionals and assigned non-medical personnel. Also, included are the following postgraduate training programs (not all-inclusive) for nurses, allied health scientists and administrators (Note: For Navy, postgraduate training programs for nurses, allied health scientists and administrators are centrally funded and do not occur at the MTF level):

#### NURSING

Anesthetic  
Health Care Administration

## BIOMEDICAL SCIENCE/ALLIED HEALTH SCIENCE/MEDICAL SERVICE

Biochemistry	Microbiology	Radiation Health/Spec
Physiology	Psychology	Entomology
Environmental Health	Pharmacy	Audiology
Medical Technology	Social Work	Physical Therapy
Occupational Therapy	Dietetics	Optometry
Industrial Hygiene	Podiatry	Health Care Admin

Enlisted personnel training and education programs such as the Navy's Class C schools and Phase II training of practitioners and technicians in the Army and Air Force are listed below. The following list is not all-inclusive:

### ARMY

Phase II training  
CPR training (instructors only)  
Advanced Cardiac Life Support (ACLS) training  
Advanced Trauma Life Support (ATLS) training

### NAVY

CPR training (instructors only)  
Advanced Cardiac Life Support (ACLS) training  
Advanced Trauma Life Support (ATLS) training

### AIR FORCE

Phase II training  
CPR training (instructors only)  
Advanced Cardiac Life Support (ACLS) training  
Advanced Trauma Life Support (ATLS) training

COSTS: Education and Training Program Support account shall be charged with all the operating expenses incurred in conducting the organized training and education programs other than GME/GDE conducted at the MTF. These expenses include the military and civilian personnel costs of staff supporting the officer and enlisted training and educational programs; audio-visual services, to include medical illustration and medical photography; medical library costs; and other costs that can be identified as in support of approved training and education programs. Military and civilian personnel who are organized into an office of the chief or director of GME/GDE may assign a portion of their time to this account, if they conduct or support the training programs listed under this account. MTF personnel who are assigned to other work centers, and conduct or support the training programs listed under this account, may assign a portion of their time to EBF. Personnel attending in-service training conducted by their work centers shall report time to their respective work centers. However, individuals tasked to

conduct in-service training for other than their assigned work center, shall be charged to this account. Training time and expenses associated with readiness or peacetime operations should be charged to the appropriate accounts.

PERFORMANCE FACTOR: Available FTEs.

ASSIGNMENT PROCEDURE: Aggregate expenses shall be assigned based on the ratio of each receiving account's available work-hours to the total available work-hours in all receiving accounts.

**FAK: TRAINEE EXPENSES - OTHER THAN GRADUATE MEDICAL EDUCATION AND GRADUATE DENTAL EDUCATION**

FUNCTION: This account is established to accumulate the portion of trainee salary expenses and work-hours represented by the time the trainee is in a pure learner role (classroom, work center training, etc.) under programs defined in the *MEPRS EBG account*. This account excludes trainees in the GME/GDE programs outlined in the *MEPRS EBE* and *EBF* accounts. Trainee salary expenses related to the time a trainee directly contributes to work center output should be charged to the appropriate work center per the criteria discussed below.

COSTS: This account shall be charged with trainee salaries computed for the time the trainee is in a pure learner role in a training program other than GME or GDE. *Labor distribution of trainee salaries are determined as follows:* If the trainee's curricula requires mainly classroom training, and patient care or support is incidental, the labor shall be 50 percent chargeable to this account and 50 percent chargeable to the work center(s) they support. If the trainees mainly perform clinical tasks that would normally be performed by permanently assigned personnel, the labor shall be 30 percent chargeable to this account and 70 percent chargeable to the work center(s) they support. If the trainee's curricula is only classroom training than 100 percent of the trainee's time is charged to this account. The appropriate administrative office should assist in creation of site specific work-hour templates/*schedules to ensure accurate and timely reporting in MEPRS EAS.*

PERFORMANCE FACTOR: Not applicable.

ASSIGNMENT PROCEDURE: This is a final operating expense account and shall not be reassigned during the allocation process described in Chapter 3.

**FAM: GRADUATE MEDICAL EDUCATION (GME) INTERN/RESIDENT EXPENSES - PHYSICIANS**

FUNCTION: This account is established to accumulate the portion of trainee salary expenses and work-hours represented by the time the physician, as a participant of a Graduate Medical Education (GME) program, is in a pure learner role (classroom, work center training, etc.). GME programs are defined in the *MEPRS EBE account*. Salary expenses related to the time a trainee directly contributes to work center output *should* be charged per the criteria discussed below.

COSTS: This account shall be charged with GME trainee salaries computed for the time the trainee is in a pure learner role in a GME program. Labor distribution of trainees monthly salary during their first year of the GME program, shall be 50 percent chargeable to this account and 50 percent chargeable to the workcenter(s) they support. Labor distribution of trainees, who have completed First Year Graduate Medical Education, during their second and later years of a GME program in which their curricula requires mainly performance of clinical tasks, shall be 30 percent chargeable to this account and 70 percent chargeable to the work center(s) they support. The recommended procedure to capture this workload is work-hour templates/*schedules*. *The local GME administrative office should assist in creation of site specific templates/schedules to ensure accurate and timely reporting in MEPRS EAS.*

PERFORMANCE FACTOR: Not applicable.

ASSIGNMENT PROCEDURE: This is a final operating expense account and shall not be reassigned during the allocation process described in Chapter 3.

**FAN: GRADUATE DENTAL EDUCATION (GDE) INTERN/RESIDENT EXPENSES - DENTISTS**

FUNCTION: This account is established to accumulate the portion of trainee salary expenses and work-hours represented by the time the trainee, as a participant of a Graduate Dental Education (GDE) program, is in a pure learner role (classroom, work center training, etc.). GDE programs are defined in the *MEPRS EBI account*. Salary expenses related to the time a trainee directly contributes to work center output should be charged per the criteria discussed below.

COSTS: This account shall be charged with GDE trainee salaries attributed to the time the trainee is in a pure learner role in a

GDE program. Labor distribution of trainees, during their first year of the GDE program, shall be 50 percent chargeable to this account and 50 percent chargeable to the workcenter(s) they support. Labor distribution of trainees during their second or later years of the GDE program, in which their curricula requires mainly performance of clinical tasks, will be 30 percent chargeable to this account and 70 percent chargeable to the workcenter(s) they support. The recommended procedure to capture this workload is work-hour templates/*schedules. The local GDE administrative office should assist in creation of site specific templates/schedules to ensure accurate and timely reporting in MEPRS EAS.*

PERFORMANCE FACTOR: Not applicable.

ASSIGNMENT PROCEDURE: This is a final operating expense account and shall not be reassigned during the allocation process described in Chapter 3.

**FAO: GME FELLOWSHIP/RESIDENT EXPENSES - FULL TIME RESEARCH**

FUNCTION: This account is established to accumulate the portion of trainee salary expenses and work-hours represented by Fellows and Residents who are performing full-time research and no patient care. GME programs are defined in the *MEPRS EBE account.* The period of time for which the fellow or resident is performing full-time research will be charged to this account.

COSTS: This account shall be charged with the applicable fellow and resident trainee salaries when the fellows or residents are performing full-time research under the GME program. The trainees monthly labor expenses will be chargeable to this account for the period they are performing full-time research as specified by the GME program. The recommended procedure to capture this workload is work-hour templates/*schedules. The local GME administrative office should assist in creation of site specific templates/schedules to ensure accurate and timely reporting in MEPRS EAS.*

PERFORMANCE FACTOR: Not applicable.

ASSIGNMENT PROCEDURE: This is a final operating expense account and shall not be reassigned during the allocation process described in Chapter 3.

**FAP: GME FELLOWSHIP EXPENSES**

FUNCTION: This account is established to accumulate the portion of fellowship trainee salary expenses and work-hours represented

by the time the physician is in a GME fellowship program. GME programs are defined in the MEPRS *EBE account*. Salary expenses related to the time of fellowship trainee directly contributes to work center output might be charged per the criteria discussed below.

COSTS: This account shall be charged with trainee salaries computed for the time the physician is in a pure learner role in a GME program. Labor distribution of fellowship trainees shall be 10 percent chargeable to this account and 90 percent chargeable to the workcenter(s) they support. The recommended procedure to capture this workload is work-hour templates/*schedules*. *The local GME administrative office should assist in creation of site specific templates/schedules to ensure accurate and timely reporting in MEPRS EAS.*

PERFORMANCE FACTOR: Not applicable.

ASSIGNMENT PROCEDURE: This is a final operating expense account and shall not be reassigned during the allocation process described in Chapter 3.

#### **FAQ: GDE FELLOWSHIP EXPENSES**

FUNCTION: This account is established to accumulate the portion of fellowship trainee salary expenses and work-hours represented by the time the dentist is in a GDE fellowship program. GDE programs are defined in the MEPRS *EBI account*. Salary expenses related to the time of fellowship trainee directly contributes to work center output might be charged per the criteria discussed below.

COSTS: This account shall be charged with trainee salaries computed for time the trainee is in a pure learner role in a GDE program. Labor distribution of fellowship trainees shall be 10 percent chargeable to this account and 90 percent chargeable to the workcenter(s) they support. The recommended procedure to capture this workload is work-hour templates/*schedules*. *The local GDE administrative office should assist in creation of site specific templates/schedules to ensure accurate and timely reporting in MEPRS EAS.*

PERFORMANCE FACTOR: Not applicable.

ASSIGNMENT PROCEDURE: This is a final operating expense account and shall not be reassigned during the allocation process described in Chapter 3.

## **SECTION II: ITEMS OF INTEREST**

1. **WELCOME TO MAJ RALPH E. GRINNELL, JR.** MAJ Grinnell is replacing MAJ James Hickey as the Nurse Methods Analyst, WMSN/PAWM Functional Program Manager (DMHRS). His assignment prior to USAMISSA was in Korea. There he served in a dual role as the Chief Nurse for Camp Casey Troop Medical Clinic and Nursing Consultant for the Division Surgeon of Second Infantry Division 1997/1998. Prior to his tour of Korea, MAJ Grinnell served as the Company Commander of Company F, 232d Medical Battalion, Center Brigade, Fort Sam Houston, Texas.

2. **PENTIUM HARDWARE MAINTENANCE.** It has been reported that some facilities are experiencing problems in obtaining hardware maintenance service from Gateway. The pentiums being utilized for EAS and UCAPERS are supported with maintenance by the Gateway, Major Accounts Division.

a. When contacting Gateway to obtain hardware maintenance, please utilize the following procedures.

(1) Notify the MEPRS Tech Support Help Desk of the need for hardware maintenance. This is only to keep a record of the equipment problems.

(2) **Call 1-800-779-2000**, not the toll free number expressed on the Gateway Gold Premium Service and Support Maintenance card (800-555-3002). Once connected, ask to speak with Major Accounts Customer Service, Corporate Tech Support. If you have a problem with the level of customer support that you receive, ask to speak with Mr. Dan Thompson, Major Accounts (government) representative. Be prepared to provide the serial number of the piece of equipment requiring maintenance.

b. If, at any time, the service provided by Gateway Major Accounts is unsatisfactory, please contact your MEDCOM MEPRS Analyst.

3. **MAINTENANCE OF THE OLD HARDWARE.** The maintenance contract on the AT&T 3B2 equipment and the associated printers has expired. If you need maintenance on any of this equipment, it must to be arranged for by your MTF.

4. **MEPRS WEB PAGE.** Have you accessed the MEPRS web page? Do you have trouble remembering the address? Do you know that you can do a search on 'MEPRS'? The first thing this brings up is the Navy's MEPRS web site, which has a link to the Army's web site. We would like the Army's web site to become a reference source for the MTF's. In order to accomplish this goal, access the web site, review what is available, and send your comments to

the webmaster. One way to do this is to submit questions to the webmaster that you feel would be of interest to other MTF's. We could then create a forum within the web site to answer those questions.

#### **5. QUESTIONS ASKED DURING RESOURCE MANAGERS CONFERENCE.**

a. **Does Physical Therapy still get multiple visit counts?** Effective FY98, the Tri-Service consultants agreed that they would only count one visit.

b. **What documentation needs to be done by Physical Therapy in order for MEPRS to consider it as a visit?** In accordance with AR 40-66, para 5-16 b(5) - (Medical Records regulation) "For patients seen repeatedly for special procedures or therapy (for example, physical and occupational therapy, renal dialysis, or radiation), the therapy will be noted on SF 600, and interim progress statements will be recorded. In addition, a final summary will be given when the special procedures or therapy are ended." Clinics are expected to have SOPs, which address the regularity/frequency of the interim notes. In addition, clinics may utilize entries from the health record, the 3911 (Physical Medicine Treatment Card), or a clinic convenience file to facilitate the treatment summary.

c. **Where do hours reported under the exception code MTNG appear?** MTNG - Maps to GCAA, which indicates local training.

d. **When will DRG files be available?** FY97 files were sent to the EAS boxes on 1 May 98 for all but 4 MTFs (Forts McClellan, Lee, Drum, and Camp Zama).

e. **How is Over the Counter Workload (OTC) coded?** This issue will be addressed to the other Services as the DOD IG addressed it as a concern. There is also an issue over the weighted value for OTC. This is a Pharmacy issue and will be presented to the consultant and/or CHCS. Until the MEPRS TRI-Service Workgroup reaches an agreement, this workload may be coded 'DAAA'.

f. **How should we code patients referred to EFMP for evaluation?** All patients seen by EFMP Staff for evaluation will be reported in the same manner as patients already enrolled in this program. The workload will be coded against the appropriate 'FBJ, FBK, or FBL' EFMP account.

g. **How do we balance obligations?** Using AHCAMS:

(1) RUN - Validation and correct any ECU errors.



(2) PRINT - Financial Adjusted Y-T-D

(3) Using the **current** year AVK542 and the adjusted Y-T-D report, check Salary and Financial Obligations verifying MEPRS Code and EOR. If there is a difference, check the ECU; it may be the result of corrections made on the ECU. If difference is not the result of ECU corrections, adjust data in AHCFMS to agree with AVK542.

Note: Obligations are Current Year obligations only.

**Make a final check of the Adjusted Y-T-D against the 218 Report.**

h. **How do we balance expenses?** In AHCFMS, compare the Pure Y-T-D to the Adjusted Y-T-D; make sure that the total did not change as the result of ECU or manual adjustments. The totals on the AVK 542 for Prior Year and Current Year should match the total on the Adjusted Year-To-Date (this will account for deletions that you made). If you have received prior year files, get a copy of prior year AVK542.

**NOTE: Expenses will include current and prior years.**

i. Concerns were voiced over the frequency and timeliness of the SIDPERS/MODS interface to the Personnel Module. We have passed on the concerns to DMHRS Project Office.

### SECTION III: UNIFORM CHART OF ACCOUNTS PERSONNEL UTILIZATION SYSTEM (UCAPERS)

**1. UCAPERS PATCH MESSAGE.** A UCAPERS Patch message was sent to all the sites the last week of Jun 98. For those that may have missed it, here it is again:

a. Please be aware that this patch applies only to the **PENTIUM SERVERS** for the sites who have chosen to go "live". It does not affect those sites that continue to process UCAPERS on the AT&T 3B2. In addition, this patch does not require a backup to be performed as it does not modify or replace any of the site's data.

b. We are working on the CHCS/WMSN interface problem and hope to have a solution shortly.

c. Here is the text of the original message: The Baseline Maintenance Team with the assistance of the Technical Support Center will be installing a patch designed to correct the majority of problems encountered during the recent transition of UCAPERS from a 3B2 platform to a Pentium platform.

d. This patch is designed to correct the following problems:

(1) Correctly sets the permissions on NAC0APB, NAC0BPB, and NAC0CPB such that, users will be warned and exited out of UCAPERS when a BATCH CYCLE is about to run.

(2) Replaces the "dscnprnt.txt" and "dscnprnt.xtra" files that are used to print DATASCAN reports.

(3) Replaces the "dataqry.dbc", "dbcoppy", "dscncopy.txt", and "parsscan.dbc" with updated versions that correct the problem with the "datascan" filenames whose lengths are greater than eight characters.

(4) Restores the following validation routines that were missing at initial loading:

```
v_wcd_apc_check.vl
v_days_avail.vl
v_hol1_date_ln.vl
v_hol2_date_ln.vl
v_hol3_date_ln.vl
v_hol4_date_ln.vl
v_hol5_date_ln.vl
v_anu_sec_class.vl
```

(5) Replaces the profile for "personln" with an updated version that allows users to access UCAPERS from the system console.

(6) Replaces NAC00PS9 with an updated version that corrects the problem with rebuilding COBOL indexed files that contain zero records.

2. **WMSN REPORTS TO PRINT AUTOMATICALLY.** In addition to the above processes, the following WMSN reports will now print automatically. This change was incorporated into the new patch to accommodate the many sites that requested this function. Here is a list of the reports that will now automatically print when the cycle is run:

AQCESS Successful Transfer Report.....	AQCS01
AQCESS Transfer Error Report.....	AQCE01
Daily ICU Hours Report.....	FNAC60AUP
Daily WMSN Facility Report.....	CN01
Daily WMSN Section Report.....	SCT03
Daily WMSN Ward Report.....	PAC02
Daily WMSN Ward Report.....	PAC03

3. **CREATE EAS/USM TAPE MODIFIED.**

a. We have received several calls regarding the "Create EAS/USM Tape" function from the Process Control Screen. In the past, once processing had reached a certain point, the user was required to run/select "Create EAS/USM Tape" from the Process Control Screen. The user would then login as "nactape" which prompted the user to insert a tape into the tape drive. The data was then saved off to the tape and ftp'd to the MEQS server here in San Antonio. This function is no longer necessary because the data is no longer needed.

b. The user will login as "nactape"; however, the program will no longer prompt the user for a tape and it does not send the file to the MEQS server. The message on the screen will state that the EAS/USM tape is being created (what is really happening is that a "flag" is getting updated that will allow the next phase of the processing to continue). It is important to know that **NO TAPE WILL BE CREATED AND NO FILE WILL BE TRANSFERRED.**

4. **SYSTEMS OPERATIONS GUIDE.** The Systems Operations Guide (SOG) is currently being reviewed for thoroughness. It will be mailed to you on a diskette by the end of Jul.

5. **NEW EDUCATION AND TRAINING PERCENTAGES.** Currently UCAPERS assigns either 50 or 100 percent of students' hours and expenses to the FAK account. The change for FY99 establishes various percentages 10, 30, 50, and 100 percent that will be charged to this account based on the level of training. We are currently working on the ECP to allow UCAPERS to apply these new percentages and skill types. Below is a break down of how these percentages will be applied utilizing Duty Status and Skill Type.

**FAK - Non GME/GDE (Graduate Medical/Dental Education) Expenses**

Full Time - All classroom training.....100  
 Intermediate - Mainly classroom with  
                     incidental patient care .....50  
 Part Time - Mainly clinical tasks.....30  
 All Skill types 2 - 5

**FAM - Graduate Medical Education (GME) Intern/Resident Expenses**

Intermediate - First year of the GME program.....50  
 Part Time - Second and later years of the GME program.....30  
 Skill types 1R - 1N

**FAN - Graduate Dental Education (GDE) Intern/Resident Expenses**

Intermediate - First year of the GDE program .....50  
 Part Time - Second and later years of the GME program.....30  
 Skill types 1S - 1U

**FAO - GME Fellowship/Resident Expenses - Full-time Research**

Full Time - Fellows/Residents performing  
                     full time research, no patient care .....100  
 Skill types 1R - 1F

**FAP - GME Fellowship Expenses**

Part Time - Physicians in a pure learner  
                     role in a GME fellowship program .....10  
 Skill type 1F

**FAQ - GDE Fellowship Expenses**

Part Time - Dentist in a pure learner  
                     role in a GME fellowship program.....10  
 Skill type 1T

6. NEW SKILL TYPES EFFECTIVE FY99.

SKILL TYPES	DESCRIPTIONS	ST/ SUFFIX	DESCRIPTION
1	Clinician	1P	Physician
		1D	Dentist
		1N	Intern-Medical
		1F	Fellow-Medical
		1R	Resident-Medical
		1S	Intern-Dental
		1T	Fellow-Dental
		1U	Resident-Dental
		1V	Veterinarians
2	Direct Care Professional	<b>2Z</b>	<b>All Others in ST 2</b>
		2P	Physician Asst
		2N	Nurse Practitioner
		2M	Nurse Midwife
		2A	Nurse Anesthetist
		2C	Community Health Nurse
		2H	Occ Health Nurse
		2S	Clinical Nurse Spec
3	Registered Nurse	<b>3Z</b>	<b>All Others in ST 3</b>
		3R	Registered Nurse
4	Direct Care Para-Professional	<b>4Z</b>	<b>All Others in ST 4</b>
		4L	LPN/LVN
		4A	Nursing Assistant
5	Administrative/Clerical	<b>5Z</b>	<b>All Others in ST 5</b>
		5A	Administrators
		5L	Logistics
		5C	Clerical

7. NEW DENTAL LAB CODE. The issue on dental lab reporting has been settled. This will again result in a change in UCAPERS, more information will be provided with FY99 Guidance.

## **SECTION IV: ARMY HEALTH CARE FINANCIAL MANAGEMENT**

### **1. OPLOC.**

a. Effective immediately, contact the OPLOC directly if you do not receive your monthly financial files. We will only become involved if the OPLOC is unable to FTP the file in your box. We expect the OPLOC and your MTF to work out the details for receiving financial files.

b. Mr. Arnold Rendon is the OPLOC point of contact. You can reach him at DSN 448-8208, COMM (210) 527-8208. His e-mail address is arendon@cleveland.dfas.mil. Please cc a copy of the message to Mr. Mike Stevens, mlstevens@cleveland.dfas.mil. If Mr. Rendon is not available, you may contact Ms. Trish Mendez. Her phone number is 527-8215, e-mail tmendez@cleveland.dfas.mil. She's currently working on a special project and may not always be available.

2. **VERA/VSIP.** The dollar amounts for VERA/VSIP should be charged to 'EBA' and not to the work center the person is leaving.

3. **PROJECT CODE.** There was a concern that DFAS put the project code for Operation Southern Watch in the field normally reserved for the functional cost account (MEPRS) code. This does not present a problem, and is transparent to the user.

4. **IMPACT CREDIT CARD.** The use of IMPACT credit cards by the MTF has a tremendous impact on using SAS 586 to redistribute Logistics expenses. Coordinate with Logistics at your MTF and determine how supplies are purchased and if the work centers the supplies are issued to can be identified. As an interim measure, if you know that a specific work center has its own IMPACT card and doesn't benefit from LOG support, you may exclude that work center from SAS 586. We brought this issue to the Tri-Service Work Group but don't expect a resolution very quickly.

5. **REIMBURSABLES.** The Army Medical Command (MEDCOM) has a very large reimbursable program and accounting for the millions of dollars, particular in the Third Party Collection Program, has been a concern from inception. The current accounting practices for reimbursables distort MEPRS data and causes understatements of MTF health care costs. MEPRS, as you know, is receiving the high level attention it never has before and we are working very closely with MEDCOM, OTSG and Health Affairs staff to resolve this issue as well as other (data quality) issues. A "brainstorming" session was held last month with all appropriate and interested parties in developing a single policy for handling

MTF reimbursables both in STANFINS and MEPRS. As a result of this meeting, new AMSCOs were established for collections/reimbursables for patient care both in CONUS and OCONUS MTFs. The new AMSCOs were placed in the structure 847700.9\* and 847900.0\*. Each of these AMSCOs had been assigned a Functional Cost Account unique to MEPRS. Instead of calling them "MEPRS Codes" we are calling them MEPRS Collection Codes. These MEPRS Collection Codes will follow the BYXXX format. We are still in the stages of finalizing this policy; however, we understand a lot of you are working on your FY99 APC Master Table. We don't anticipate a change to the "MEPRS Collection Codes". However, remember these AMSCOs and MEPRS Collection Codes are effective 1 Oct 98. The proposed MEPRS Collection Codes and the AMSCO definitions are at Enclosure 2.

**6. REVISED FINANCING (REGIONS 1, 2, AND 5).** Under revised financing, MTFs and their free standing clinics enrollment sites in Regions 1, 2, and 5 are billed on a monthly basis by the regional Managed Care Support Contractor (MCSC) for CHAMPUS eligible MTF prime enrollees referred to the MCSC's health care network. A MEDCOM policy was published last month by DCSRM describing in detail the accounting and disbursing procedures for MTF payments to the MCSC. We also established fourth level MEPRS codes to track the obligations and expenses for each supplemental care AMSCO. The following AMSCO/MEPRS code combinations were listed in the policy letter (you can obtain a copy from your RM):

847700.41	FCAO
847700.42	FCAP
847700.43	FCAQ
847700.44	FCAR
847700.46	FCAS
847700.47	FCAT
847700.48	FCAU

**7. NEW FAMILY ADVOCACY AMSCOs.** The FAP AMSCOs changed from 101000 through 105000 to the following:

047601	Prevention
047602	Direct Services
047603	Admin
047604	Evaluation
047605	Training

## **SECTION V: WORKLOAD ASSIGNMENT MODULE (WAM)**

1. **REGENERATE AND REINITIALIZE.** (These terms can be used interchangeably)

a. Do regenerate the WAM templates as often as necessary after the last automatic generation.

b. Do regenerate templates for the closed month at the same time as the WWR is generated.

c. Do final generation and transmission of the workload around the 20th of the month. This allows the data sent forward to MEPRS to be the most current.

2. **RETRANSMISSION OF WAM SAS'S.** In order to make corrections to the WAM SASs after the SASs have been approved and transmitted to EAS, perform the following steps:

a. Under WAM Menu "1" Edit SASs: Set WAM SAS to rejected status "X". (Only WAM SASs that need to be edited.)

b. Quit out of WAM SAS.

c. Re-enter SAS and make edits to SAS.

d. Set WAM SAS to waiting status "W".

e. Set WAM SAS to approved status "A".

f. Under WAM Menu #6 ASCII Files: Request re-transmission of WAM SASs to EAS.

3. **FY99 CORE TABLE CHANGES.** In preparation for EASIV, many of the "D" account SAS numbers have changed. See the changes listed in the EASIII section of this newsletter. These changes will be in effect 1 Oct 98 (FY99). SAS Numbers have been added for the new DK and EBI codes.

4. **WAM PROBLEM RESOLUTION.** The first step in resolving a problem with WAM is to call your analyst. We will attempt to determine whether the problem is with the EAS, WAM or operator. Once we eliminate EAS and the operator as the problem, call TMSSC at 1-800-865-7023. Be sure and record the TMSSC trouble call number to aid in tracking the trouble call. When placing the call, emphasize that it is urgent and to not delay in sending the problem to development for resolution. In order to share "lessons learned" with your MEPRS counterparts and SAIC, address the problem/ solutions on CHCS Exchange Mail. This will allow an



exchange of information between the Army, Navy, and Air Force WAM users.

5. **'SOURCE DATA' CORRECTIONS IN CHCS.** The question has been asked as to how the source data is corrected. MEPRS managers do not do the actual corrections in the PAS and PAD modules of CHCS but the methods are included here for information only. The source data must be corrected and then regenerated by the MEPRS manager using WAM > 4 Manage Templates option. Corrections are done in Corrections Management or in End of Day Processing.

a. The source data is corrected in the PAD subsystem by the Correction Management process. The menu path is CA > PAD > ADT > COR - Corrections Management and ADT view. A security key controls this option. Basically, this option allows authorized personnel to go in and edit the source data. This may involve changing a clinical service, changing the date/times of a pass, etc. Records, which need corrected, are detected during the process of encoding the record prior to its being grouped. When the source data is changed, SAS 001 will/may change dependent upon the nature of the change. Sometimes the total OBD's will change; however, most of the time, there is an internal redistribution of the existing workload.

b. For outpatient workload, the End of Day Processing option in PAS is used in a parallel process to corrections management. In this option, users can go in and backdate workload. Only users with a security key, are able to change/edit workload greater than seven (7) days in the past. Another factor that can contribute to differences in workload reporting is telephone consults. An unresolved Telephone Consult can become count workload when it is resulted AFTER the workload is reported to EAS or the Worldwide Workload Report is transmitted to higher headquarters. It is, therefore, IMPORTANT when comparing workload in CHCS to be sure and recalculate/regenerate the SOURCE data at the same time or as close as possible, so the various reports are comparing the SAME source data.

6. **CHCS QUICK FIXES (QF).** A problem was reported having to do with the count/non count workload flag in PAS/PAD that could account for differences in workload between reports. Quick Fixes (QF's) for CHCS 4.52 and 4.6 have been created. The QF's are QF#28165 for PAS and QF#28310 for PAD. Check with your CHCS coordinator as to whether the QF's have been loaded at your facility. If they have not been loaded, request that the QF's be scheduled as soon as possible.

7. **CHCS 4.6 WAM ENHANCEMENTS.** The following notes are extracted from the D/SIDDOMS CHCS II, Version 4.6 Enhancements, What's New

in Version 4.6 (SAIC D/SIDDOMS Doc. DS-46DA-5000 Draft: 13 March 1998).

a. Expanded WAM Collecting/Reporting: The Workload Assignment Module (WAM) now collects workload for Ambulatory Procedure Visit (APV) Minutes of Service. It reports both total number of minutes and total number of patients seen in Ambulatory Procedure Units (APUs) to Expense Assignment System (EAS).

b. Radiology: The WAM Radiology MEPRS Report helps sites reconcile Radiology with WAM workload data. The report displays Performing/Requesting MEPRS and weighted/raw workload data. It includes an exception report, identifying any workload reported in the Radiology Subsystem but not reported through WAM, thus allowing discrepancies to be resolved.

c. A MEPRS (EAS) Parent field has been added to the Defense Medical Information System Identification (DMIS ID) Codes files to determine whether a division DMIS ID is eligible for WAM MEPRS workload reporting.

d. A new Fiscal Year field has been added to the Stepdown Assignment Statistic (SAS) Detail File. This allows CHCS to store data in these files for two fiscal years and accommodates the possibility that SAS codes may be renamed each year. You may create the edit templates for the current fiscal year using the business rules and data for that year. You may also review, edit, approve, and transmit workload data to the Expense Accounting System (EAS) for the previous fiscal year (i.e., September data) using the associated business rules and data for that year.

e. WAM PHASE II - E Level MEPRS Edit: CHCS provides new reports to identify discrepancies for existing data in the Hospital Location file (#44). The Location/MEPRS Group ID Inconsistency Report (LMG) option, lists hospital locations with Inconsistent Group IDs. It also lists hospital locations that have neither a Medical Expense and Reporting System (MEPRS) nor a Cost Pool Code assigned. The term "Inconsistent Group IDs" refers to a location with a Division Group ID not equal to the Group ID for its associated MEPRS code or Cost Pool Code. This report is used to analyze existing discrepancies and based on that analysis, manually correct them as required.

## SECTION VI: MEPRS EXECUTIVE QUERY SYSTEM (MEQS)

### 1. BUSINESS OBJECTS/CLASS MIXING GUIDANCE.

a. As we rely more and more on Business Objects to provide accurate data from the MEPRS Executive Query System III (MEQSIII) database, it is important to remember not to mix incompatible classes. Knowing what information you want is half the problem, the other half entails the proper method for setting up the query correctly so that the results are accurate.

b. The MEQS III Business Objects Class Rules Charts and Quick Reference Guide outline how to avoid queries with incompatible objects. These charts are located in the MEQSIII Functional User's Guide on pages 2-13 and 2-19. If you do not have these documents, access the MEPRS Web Page at <http://www.meprs.amedd.army.mil/> and download them into MSWord. Please review the MEQSIII Quick Reference Guide and sections 2.2.3 and 2.3.3 regarding query rules. Failure to follow these query rules may result in unpredictable/skewed results. Also, refer to Section 4.1, Query Planning and Issues, for guidelines on creating correct queries for the first time. If query objects from incompatible classes are needed, separate queries must be run. The separate query results can be downloaded into an EXCEL spreadsheet and any duplicate objects (such as time, location, etc.) can be removed. If you need help setting up a query or have any problems, please call your analyst @ DSN 471-9750 or COM: (210) 221-9750 and they can assist you with your query.

### 2. CONNECTIVITY PROBLEMS TO THE BUSINESS OBJECTS MEQSIII SERVER.

a. There has been a surge of calls concerning the inability to connect through Business Objects to the MEQS III server. Many of these problems can be attributed to a network server problem being experienced here in San Antonio. If you suspect your problem may not be attributed to this, please utilize the 'I-Login' feature available in the Informix folder.

b. Follow the procedures below to utilize this feature:

#### (1) Windows 95/Windows NT:

##### (a) Determining Connectivity

Left click on the '**Start**' button, this should bring up a panel with a '**Run**' option available.

Select the '**Run**' option by left clicking on the option.

Type in '**ilogin**' in the space provided and hit the enter key.

A window will appear, select '**File**', then '**Run**'.

This will bring up a '**Network Parameters**' window.  
Enter the information as indicated below in the space provided:

Hostname:           **hcssamq3**  
Servicename:       **sqlexec**  
Username:           **your login name**  
Password:           **your password**  
Stores Database:   **stores1**

A '**Customer Names panel**' will appear if connectivity is established. Your name may or may not be listed.

(b) Determining Cause of Failed Connectivity.

If connectivity is not established, an error number will be returned. Make note of this error number. Close the window.

To determine the error message:

Left click on the '**Start**' button,  
Select '**Programs**', '**Informix**', '**Find Error**'.  
This will bring up a '**Help topics: Informix Error Messages**' window. Type in the space provided the error number previously noted (include the dash/minus symbol).  
This will bring up a '**Informix Error Window**' which will provide information on the error.

Take note of the information provided and contacts the MEPRS Technical Support Help Desk.

(2) **Windows 3.11 or Windows for Workgroups**

(a) Determining Connectivity

Open up the File Manager,  
Select (double click) '**Informix**',  
Select (double click) '**Ilogin**',  
A window will appear, select '**File**', then '**Run**'.  
This will bring up a '**Network Parameters**' window,  
Enter the information as indicated below in the space provided:  
Hostname:           **hcssamq3**  
Servicename:       **sqlexec**  
Username:           **your login name**  
Password:           **your password**  
Stores Database:   **stores1**

A '**Customer Names panel**' will appear if connectivity is established. Your name may or may not be listed.

(b) Determining Cause of Failed Connectivity

If connectivity is not established, an error number will be returned. Make note of this error number. Close the window.

To determine the error message:

Open up the File Manager,

Select (double click) '**Informix**',

Select (double click) '**Find Error**',

This will bring up a '**Help topics: Informix Error Messages**' window.

Type in the space provided the error number previously noted (include the dash/minus symbol).

This will bring up a '**Informix Error Window**' which will provide information on the error.

Take notes of the information provided and contact the MEPRS Tech Support Help Desk.

**3. COMPARISON OF MEQS DATA AND EASIII DATA.** In order to verify your data in MEQS, compare only the month unique data in each system. If you run a year-to-date computation in EASIII, it applies all the SAS data for the year to the cumulative DES. When MEQS gives you year-to-date values, it adds the data for each month. MEQS does not have the capability to run a computation. It can only add the month unique values together. Therefore, the data from a year-to-date computation in EASIII will never match MEQS totals for the year.

## SECTION VII: EXPENSE ASSIGNMENT SYSTEM VERSION III (EASIII)

1. **REPROCESSING FY98.** A problem has been identified with the EOR table. The mapping was not updated for FY98 at all sites for FY98. As soon as you receive EASIII Release 9.3.2, you will need to reprocess all of FY98. The major problem is with the EOR's of 25GH and 25GZ being mapped to SEEC 25.60 instead of 25.65. **Fort Campbell, Fort Eustis, and Fort Stewart will not need to reprocess as they had the correct table.**

a. Because the error is in the EOR table, recertify and remerge the financial data for each month you are reprocessing. This will map the EOR's to the correct SEEC.

b. Retransmit the corrected data.

### 2. SAS DETAIL FILE.

a. There is an EAS III problem that will not be corrected until release 9.4. Delete dates may be displayed on the SAS Detail File next to MEPRS codes that are valid. If there are invalid delete dates on your SAS Detail File, call site support and they will run the fix routine for the problem.

b. You may have noticed that MEPRS codes added after the initial creation of the SAS Detail File do not alphabetize and display in the order of addition. There are no provisions for a fix since there is no SAS Detail File in EAS IV.

3. **NEW SAS NUMBERS FOR FY99.** New SAS numbers have been assigned for the following Functional Cost Codes (FCC).

ARMY SAS NUMBER	DATA SET DESCRIPTION (SAS (DATA SET) DESCRIPTION)	FUNCTIONAL COST CODE (MEPRS CODE)
A394	ANESTHESIOLOGY: MINUTES OF SERVICE	DFAA
A395	ANESTHESIOLOGY: MINUTES OF SERVICE	DFAB
A396	ANESTHESIOLOGY: MINUTES OF SERVICE	DFAC
A445	SURGICAL SUITE: MINUTES OF SVC & NUMBER CASES	DFBA
A446	SURGICAL SUITE: MINUTES OF SVC & NUMBER CASES	DFBB
A447	SURGICAL SUITE: MINUTES OF SVC & NUMBER CASES	DFBC
A465	MEDICAL INTENSIVE CARE UNIT: HOURS OF	DJAA

	SERVICE	
A466	MEDICAL INTENSIVE CARE UNIT: HOURS OF SERVICE	DJAB
A467	MEDICAL INTENSIVE CARE UNIT: HOURS OF SERVICE	DJAC
A468	MEDICAL INTENSIVE CARE UNIT: HOURS OF SERVICE	DJAD
A469	SURGICAL INTENSIVE CARE UNIT: HOURS OF SERVICE	DJBA
A470	SURGICAL INTENSIVE CARE UNIT: HOURS OF SERVICE	DJBB
A471	SURGICAL INTENSIVE CARE UNIT: HOURS OF SERVICE	DJBC
A472	CORONARY CARE UNIT: HOURS OF SERVICE	DJCA
A473	CORONARY CARE UNIT: HOURS OF SERVICE	DJCB
A474	CORONARY CARE UNIT: HOURS OF SERVICE	DJCC
A475	NEONATAL INTENSIVE CARE UNIT: HOURS OF SERVICE	DJDA
A476	NEONATAL INTENSIVE CARE UNIT: HOURS OF SERVICE	DJDB
A477	NEONATAL INTENSIVE CARE UNIT: HOURS OF SERVICE	DJDC
A478	PEDIATRIC INTENSIVE CARE UNIT: HOURS OF SERVICE	DJEA
A479	PEDIATRIC INTENSIVE CARE UNIT: HOURS OF SERVICE	DJEB
A480	PEDIATRIC INTENSIVE CARE UNIT: HOURS OF SERVICE	DJEC
A481	HEMODIALYSIS: MINUTES OF SERVICE	DGBA
A482	HEMODIALYSIS: MINUTES OF SERVICE	DGBB
A483	HEMODIALYSIS: MINUTES OF SERVICE	DGBC
A484	POST ANESTHESIA CARE UNIT: MINUTES OF SERVICE	DFCA
A485	POST ANESTHESIA CARE UNIT: MINUTES OF SERVICE	DFCB
A486	POST ANESTHESIA CARE UNIT: MINUTES OF SERVICE	DFCC
A495	AMBULATORY NURSING SERVICE: MINUTES OF SERVICE	DGEA
A496	AMBULATORY NURSING SERVICE: MINUTES OF SERVICE	DGEB

A496	AMBULATORY NURSING SERVICE: MINUTES OF SERVICE	DGEC
A497	AMBULATORY NURSING SERVICE: MINUTES OF SERVICE	DGED
A497	AMBULATORY NURSING SERVICE: MINUTES OF SERVICE	DGEE
A498	AMBULATORY NURSING SERVICE: MINUTES OF SERVICE	DGEF
A498	AMBULATORY NURSING SERVICE: MINUTES OF SERVICE	DGEG
A499	AMBULATORY NURSING SERVICE: MINUTES OF SERVICE	DGEH
A500	AMBULATORY NURSING SERVICE: MINUTES OF SERVICE	DGEI
A501	AMBULATORY NURSING SERVICE: MINUTES OF SERVICE	DGEJ
A502	AMBULATORY NURSING SERVICE: MINUTES OF SERVICE	DGEK
A503	AMBULATORY NURSING SERVICE: MINUTES OF SERVICE	DGEL
A504	AMB PROCEDURE UNIT: MINUTES OF SERVICE & # OF PATIENTS	DGAA
A505	AMB PROCEDURE UNIT: MINUTES OF SERVICE & # OF PATIENTS	DGAB
A506	AMB PROCEDURE UNIT: MINUTES OF SERVICE & # OF PATIENTS	DGAC
A507	AMB PROCEDURE UNIT: MINUTES OF SERVICE & # OF PATIENTS	DGAD
A508	AMB PROCEDURE UNIT: MINUTES OF SERVICE & # OF PATIENTS	DGAE
A509	AMB PROCEDURE UNIT: MINUTES OF SERVICE & # OF PATIENTS	DGAF
A510	AMB PROCEDURE UNIT: MINUTES OF SERVICE & # OF PATIENTS	DGAG
A511	AMB PROCEDURE UNIT: MINUTES OF SERVICE & # OF PATIENTS	DGAH
A512	AMB PROCEDURE UNIT: MINUTES OF SERVICE & # OF PATIENTS	DGAI
A643	GRADUATE DENTAL SUPPORT EXPENSES - GENERAL	EBIA
A644	GRADUATE DENTAL SUPPORT EXPENSES - COMPREHENSIVE	EBIB
A645	GRADUATE DENTAL SUPPORT EXPENSES - PERIODONTICS	EBIC
A646	GRADUATE DENTAL SUPPORT EXPENSES - ENDODONTICS	EBID



A647	GRADUATE DENTAL SUPPORT EXPENSES - PROSTHODONTICS	EBIE
A648	GRADUATE DENTAL SUPPORT EXPENSES - ORAL MAXILLOFACIAL SURGERY	EBIF
A650	DENTAL PROSTHETICS LABORATORY WEIGHTED PROCEDURES	DKAA
A651	DENTAL PROSTHETICS LABORATORY WEIGHTED PROCEDURES	DKAB
A652	DENTAL PROSTHETICS LABORATORY WEIGHTED PROCEDURES	DKAC
A653	DENTAL PROSTHETICS LABORATORY WEIGHTED PROCEDURES	DKAD
A654	DENTAL PROSTHETICS LABORATORY WEIGHTED PROCEDURES	DKAE
A655	DENTAL PROSTHETICS LABORATORY WEIGHTED PROCEDURES	DKAF
A656	DENTAL PROSTHETICS LABORATORY WEIGHTED PROCEDURES	DKAG
A657	DENTAL PROSTHETICS LABORATORY WEIGHTED PROCEDURES	DKAH
A658	DENTAL PROSTHETICS LABORATORY WEIGHTED PROCEDURES	DKAI
A659	DENTAL PROSTHETICS LABORATORY WEIGHTED PROCEDURES	DKAJ
A660	DENTAL PROSTHETICS LABORATORY WEIGHTED PROCEDURES	DKAK
A661	DENTAL PROSTHETICS LABORATORY WEIGHTED PROCEDURES	DKAL
A662	DENTAL PROSTHETICS LABORATORY WEIGHTED PROCEDURES	DKAM
A663	DENTAL PROSTHETICS LABORATORY WEIGHTED PROCEDURES	DKAN
A664	DENTAL PROSTHETICS LABORATORY WEIGHTED PROCEDURES	DKAO
A665	DENTAL PROSTHETICS LABORATORY WEIGHTED PROCEDURES	DKAP
A748	THIRD PARTY COLLECTION: NUMBER OF CLAIMS BILLED	EBHA
A749	THIRD PARTY COLLECTION: NUMBER OF CLAIMS BILLED	EBHB
A750	THIRD PARTY COLLECTION: NUMBER OF CLAIMS BILLED	EBHC
A751	THIRD PARTY COLLECTION: NUMBER OF CLAIMS BILLED	EBHD
A752	THIRD PARTY COLLECTION: NUMBER OF CLAIMS BILLED	EBHE

A753	THIRD PARTY COLLECTION: NUMBER OF CLAIMS BILLED	EBHF
A754	THIRD PARTY COLLECTION: NUMBER OF CLAIMS BILLED	EBHG

4. **SAS 017.** The requirement for this SAS has been deleted for FY99.

5. **EDUCATION AND TRAINING NEW PERFORMANCE FACTORS.**

a. EBE - Available FTEs (excluding FAM, FAO & FAP) of GME students, 1N, 1R, and 1F skill types.

b. EBF - Available FTEs of (excluding FAK) Non GME students, all skill types 2 and 5.

c. EBI - Available FTEs (excluding FAN & FAQ) of GDE students, 1S, 1T, and 1U skill types.

6. **PROBLEMS ENCOUNTERED WHEN BACKUPS ARE NOT PERFORMED.** This is a reminder that correct tape backup procedures at your site are of **vital** importance. The MEPRS Help Desk has recently discovered the following:

a. An Ancillary site that was faithfully changing their tapes every night but only scheduling an Ancillary Cycle once a month. This results in a Periodic (Nightly) backup being created only once a month, since the backup for an Ancillary site is performed during the Ancillary Cycle.

b. A site that had not performed a backup since being converted to the SCO pentium server. This result in the site not having a backup at all since the backups created on the 3B2 are not compatible with the new server.

c. A site that had a full complement of EAS III backups but had no AHCFS backups. This will result in the site having to reprocess all AHCFS data from the last AHCFS Init New Year forward if a disk crash causes the database to have to be reloaded.

d. A site that was leaving the same tape in the tape drive every night. This results in having no Periodic (Nightly) backup if the one tape turns out to be unreadable.

These are only a few examples. To reinforce the proper procedure for performing backups, the backup guidelines are at Enclosure 3. In addition, the EAS page of the MEPRS web site will soon contain the EAS III Backup Guidelines for your use. This document

contains the minimum backup recommendations. Your site, of course, is at liberty to make more backups than the ones recommended in this document.

CAL DATE	Cal End Date	LOCATION	SVR	WS	DMHRS IMPL	WAM 4.6 IMPL DATE	WAM VERS 4.6	WAM 4.5 IMPL DATE	WAM VERS 4.5
14-Sep-98	25-Sep-98	SQT - Herndon, VA	L						
FISCAL YEAR 1999									
30-Nov-98	17-Jan-99	BETA - DARNALL ACH - Ft Hood, TX	L	2		22-Aug-98	na	9-Nov-98	na
04-Jan-99	8-Jan-99	Train-the-Trainer (Tech)- Herndon, VA	MEPRS POCs for next 6 (Jan/Feb) sites to be deployed						
10-Jan-99	14-Jan-99	Train-the-Trainer (Func)- Herndon, VA							
Feb-99	Feb-99	KENNER ACH - Ft Lee, VA	S	1	Jan-99	07-Nov-98	na	20-Apr-98	Active
Feb-99	Feb-99	REYNOLDS ACH - Ft Sill, OK	L	2	Mar-99	17-Oct-98	na	6-Jul-98	Active
Feb-99	Feb-99	BAYNE-JONES ACH - Ft Polk, LA	L	1	Mar-99	14-Nov-98	na	25-May-98	Active
Mar-99	Mar-99	WALTER REED AMC - Washington, DC	L	3	Apr-99	12-Feb-99	na	27-Jul-98	na
Mar-99	Mar-99	KELLER ACH - West Point, NY	S	1	May-99	30-Jan-99	na	20-Jul-98	na
Mar-99	Mar-99	BLISS ACH - Ft Huachuca, AZ	L	2	May-99	22-Aug-98	na	6-Jul-98	Active
Apr-99	Apr-99	DEWITT ACH - Ft Belvoir, VA	S	1	May-99	12-Feb-99	na	10-Aug-98	na
Apr-99	Apr-99	GUTHERIE Clinic - Ft Drum, NY	S	1	May-99	23-Jan-99	na	18-May-98	Active
Apr-99	Apr-99	KIMBROUGH ACH - Ft Meade, MD	S	2	May-99	12-Feb-99	na	17-Aug-98	na
May-99	May-99	IRELAND ACH - Ft Knox, KY	L	2	Jul-99	08-Aug-98	na	8-Aug-98	na
May-99	May-99	BLANCHFIELD ACH - Ft Campbell, KY	L	3	Jul-99	21-Nov-98	na	1-Jan-98	Active
May-99	May-99	WOMACK (WAMC) Ft Bragg, NC	L	4	Aug-99	31-Oct-98	na	4-May-98	Active
Jun-99	Jun-99	EISENHOWER (DDEAMC), Ft Gordon, GA	L	3	Oct-99	19-Sep-98	na	1-Jun-98	Active
Jun-99	Jun-99	MARTIN ACH - Ft Benning, GA	S	2	Nov-99	05-Sep-98	na	1-Jun-98	Active
Jun-99	Jun-99	EVANS ACH - Ft Carson, CO	S	2	Apr-00	24-Oct-98	na	14-Sep-98	na
Jul-99	Jul-99	MCONALD ACH - Ft Eustis, VA	S	1	Sep-99	07-Nov-98	na	27-Apr-98	Active
Jul-99	Jul-99	121st Evac Hosp - Seoul, Korea	S	2	Feb-00	30-Jan-99	na	30-Nov-98	na
Jul-99	Jul-99	MUNSON ACH - Ft Leavenworth, KS	L	1	Apr-00	12-Dec-98	na	30-Nov-98	na
Jul-99	Jul-99	BROOKE (BAMC), Ft Sam Houston, TX	L	3	Sep-98	12-Sep-98	na	1-Jan-98	Active
Aug-99	Aug-99	MONCRIEF ACH - Ft Jackson, SC	L	2	Nov-99	26-Sep-98	na	27-Apr-98	Active
Aug-99	Aug-99	L.WOOD ACH - Ft Leonard Wood, MO	L	2	May-00	21-Nov-98	na	12-Oct-98	na
Aug-99	Aug-99	BASSETT ACH - Ft Wainwright, AL	L	2	Aug-00	22-Aug-98	na	1-Jan-98	Active
Sep-99	Sep-99	HEIDELBERG - Germany	S	2	Mar-00	16-Jan-99	na	1-Jan-98	Active
Sep-99	Sep-99	LANDSTUHL - Germany	L	3	Apr-00	16-Jan-99	na	1-Jan-98	Active
Sep-99	Sep-99	WURZBURG - Germany	S	2	Apr-00	16-Jan-99	na	1-Jan-98	Active
FISCAL YEAR 2000									
Oct-99	Oct-99	WINN ACH - Ft Stewart, GA	L	2	Nov-99	15-Aug-98	na	11-May-98	Active
Oct-99	Oct-99	FOX ACH, Redstone Arsenal, AL	L	1	Jan-00	03-Oct-98	na	30-Mar-98	Active
Oct-99	Oct-99	MADIGAN (MAMC) - Ft Lewis, WA	L	3	Feb-00	30-Jun-98	Active	01-Jan-98	Active
Nov-99	Nov-99	Camp Zama Clinic - Japan	S	2	Jan-00	23-Jan-99	na	1-Feb-99	na
Nov-99	Nov-99	LYSTER ACH - Ft Rucker, AL	L	2	Jan-00	24-Oct-98	na	15-Jun-98	Active
Nov-99	Nov-99	TRIPLER (TAMC) - Ft Shafter, HI	L	3	Aug-00	12-Dec-98	na	1-Jan-98	Active
Dec-99	Dec-99	IRWIN ACH - Ft Riley, KS	L	3	May-00	19-Dec-98	na	26-Oct-98	na
Dec-99	Dec-99	WILLIAM BEAUMONT (WBAMC) - Ft Bliss, TX	L	3	Jun-00	16-Jan-99	na	24-Aug-98	na
Dec-99	Dec-99	WEED ACH - Ft Irwin, CA	S	1	Jul-00	21-Nov-98	na	31-Aug-98	na
		NOBLE ACH - Ft McClellan, AL						15-Jun-98	Active

**FUNCTIONAL COST ACCOUNT  
MEPRS COLLECTION CODES  
APPLICATION TO AMS CODES**

CONUS/ OCONUS AMSCO'S 847700/ 847900	MEPRS COLLECTION CODES	DEFINITIONS
9A	BYC9A	Collections for reimbursement of patient care for that care provided to individuals identified to RSC 814 - Department of the Interior.
9B	BYC9B	Collection for reimbursements of patient care for that care provide to individuals identified to RSC 815 - Dept. of Justice (Normally Bureau of Prisons for care provided to prisoners)
9C	BYC9C	Collection for reimbursement of patient care for that care provided to individuals identified to RSC 819 - Department of State
9D	BYC9D	Collections for reimbursement of patient care for care provided to patients identified to RSC 836 - Veterans Administration
9E	BYC9E	Collections for reimbursement of patient care for care provided to patients identified to RSC 869 - Dept. of Transportation (Coast Guard)
9F	BYC9F	Collections for reimbursement of patient care for care provided to patients identified to RSC 875 - Department of Health and Human Services (Excludes those patients identified to RSC 93E Medicare Subvention).
9G	BYC9G	Collections for reimbursement of patient care identified to RSC 8** not otherwise defined.

9H	BYC9H	Collections for reimbursement of patient care for care provided to patients identified to RSC 915 Non-appropriated Fund Activities, Army.
9J	BYC9J	Collections for reimbursement of patient care identified to RSC 916 - Non-appropriated Fund Activities, Non Army.
9K	BYCA1 BYCA2 BYCA3 BYCA4	Collections for Reimbursement of patient care identified to RSC 917 - Collections from Private organization (AR 210-1).
9L	BYC9L	Collections for reimbursement of patient care identified to RSC 918 - Cash Recoveries from Army and Air Force Exchange Service.
9M	BYC9M	Collections for reimbursement of patient care identified to RSC 930 - Collections from individuals.
9N	BYCBO Outpatient BYCBA Ancillary Svc BYCBS Other Special Interests	Collections for reimbursement of patient care identified to RSC 935 and 936 - Third Party Collection Program.
9P	BYCD1 BYCD2 TLTD <sup>1</sup> BYCD3 Other BYCD4	Collection for reimbursement of patient care identified to RSC 937 - Recoveries by Judge Advocate General for certain medical costs.
9Q	BYC9Q	Collections for reimbursement of patient care provided to patients identified to RSC 93A - Medicaid or similar state operated program.
9R	BYCW1 State BYCW2 County BYCW3 City BYCW4 Other	Collections for reimbursement of patient care provided patients identified to RSC 93B - State Workmen's Compensation.

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<sup>1</sup> Tortuously Liable Third Party

9S	BYC9S	Collections for reimbursement of patient care provided patients identified to RSC 93C - Victims of Crime and Similar Programs.
9T	BYCE1 Bexar County BYCE2 BYCE3 BYCE4	Collections for reimbursement of patient care provided patients identified to RSC 93D - Local Government Reimbursement not necessarily identified to a specific patient.
9U	BYCF1 BYCF2 BYCF3 BYCF4	Collections for reimbursements of patient care identified to RSC 93E - Medicare Subvention.
9V	BYCG1 BYCG2 BYCG3 BYCG4	Collection for reimbursements of patient care identified to RSC 93F - Reimbursements from Resource Sharing Agreements - Managed care support contracts.
9W	BYC9W	Collection for reimbursements of patient care identified to RSC 9** not otherwise identified.
9Z	Summary Level Account	Collections for patient care Reimbursable Transactions - Balances in these accounts will normally have a negative balance

## EAS III BACKUP GUIDELINES

TYPE OF BACKUP	FREQUENCY	NUMBER OF TAPES	SPECIAL INSTRUCTIONS/ INFORMATION	BACKUP TASKS REQUIRED
AHCFMS	<b>WEEKLY</b>	FIVE - Labeled: <ul style="list-style-type: none"> <li>WEEK 1</li> <li>WEEK 2</li> <li>WEEK 3</li> <li>WEEK 4</li> <li>WEEK 5</li> </ul>	When there has been activity in AHCFMS for the week.	<ul style="list-style-type: none"> <li>Run at a time when the tape drive will not be in use by another process (including, for one-box sites, UCAPERS backups)</li> <li>From the EAS III Menu, select: &lt;AHCFMS&gt; &lt;BACKUPS&gt;</li> <li>Insert tape for proper week (consult a calendar)</li> </ul>
EAS III <b>PERIODIC</b> Backup If you ever run Ancillary Cycle(s)	<b>NIGHTLY</b>	FIVE - Labeled: <ul style="list-style-type: none"> <li>MONDAY</li> <li>TUESDAY</li> <li>WEDNESDAY</li> <li>THURSDAY</li> <li>FRIDAY</li> </ul>	An Ancillary Cycle must be scheduled for <b>every night</b> since the backup occurs as part of the Ancillary Cycle	<ul style="list-style-type: none"> <li>Schedule an Ancillary Cycle (even if you have no Ancillary data to process)</li> <li>If one-box site, schedule Ancillary Cycle at a time when the tape drive will not be in use by UCAPERS</li> <li>Insert tape for the proper day</li> </ul>
EAS III <b>PERIODIC</b> Backup If you <b>never</b> run Ancillary Cycles	<b>NIGHTLY</b>	FIVE - Labeled: <ul style="list-style-type: none"> <li>MONDAY</li> <li>TUESDAY</li> <li>WEDNESDAY</li> <li>THURSDAY</li> <li>FRIDAY</li> </ul>	Automatic backup (midnight)	<ul style="list-style-type: none"> <li>If one-box site, ensure that no UCAPERS process that uses the tape drive is scheduled to run around midnight</li> <li>Insert tape for the proper day</li> </ul>
EAS III <b>SYSTEM</b> Backup	<b>MONTHLY</b>  <b>YEARLY</b>	INIT NEW MONTH: THREE sets of tapes INIT NEW YEAR: THREE sets of tapes	Automatically occurs during Init New Month and Init New Year	<ul style="list-style-type: none"> <li>If one-box site, ensure that Init New Month or Init New Year is not run at the same time that a UCAPER process that uses the tape drive is scheduled</li> <li>From the EAS III Guide, execute the Init New Month or Init New Year (as appropriate)</li> <li>Insert OLDEST set of tapes when tape is called for</li> <li>Label Tapes with: <ul style="list-style-type: none"> <li>“EAS III Init New Month” or “EAS III Init New Year”</li> <li>Tape number (1 or 2)</li> <li>Creation Date</li> </ul> </li> </ul>
<b>UNIX</b> File System Backups	<b>MONTHLY</b>	THREE set of tapes	This backup is created from the UNIX prompt	<ul style="list-style-type: none"> <li>Login as “root”</li> <li>At the UNIX prompt, execute “bkupall”</li> <li>Insert the OLDEST set of tapes when tape is called for</li> <li>Label Tapes with: <ul style="list-style-type: none"> <li>UNIX File System Backup</li> <li>Creation Date</li> </ul> </li> </ul>